Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 1-15, 2003.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

PPLICATION FOR	· ·	2. DATE SUBMITTED		Applicant Identifier	
EDERAL ASSISTANC	JE	August 7	, 2003	N/A	
TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier SAI-EXEMPT	
Application P Construction	reapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier 06-01509	
Non-Construction	Non-Construction				
APPLICANT INFORMATION		·	Organizational Unit:	11 W 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
al Name: alifornia - Department of	Parks and Recreation		California Denar	tment of Parks and Recreation number of person to be contacted on matters involving	
iress (give city, county, State, a	nd zip code);		this application (give	number of person to be commercial	
ost Office Box 942896	ramenton of G		1 1 m		
DOTALLIGHT TO THE	296-0001 (067 ()		(916) 651-8174	the state of the s	
alifornia 06 942			7. TYPE OF APPLIC	ANT: (enter appropriate letter in box)	
			ען	H. Independent School Dist.	
			A. State B. County	I. State Controlled Institution of Higher Learning	
YPE OF APPLICATION:			1 1	J. Private University	
✓ New	Continuation	Revision 15	D. Township	K. Indian Tribe	
	r/e) in hox/est	部份于罗雪	E Interstate	L. Individual	
lavision, enter appropriate lette	((3) 1000	y H	F. Intermunicipal	M. Profit Organization	
. Increase Award B. Decr	ease Award C. Increa	se Duration	G. Special District	N. Other (Specify)	
), Decrease Duration Other(s	- aded)	DEC 15 20	B. NAME OF FEDE	DAL AGENCY:	
···		AFA 1.2 SA	Department of t	he Interior	
		<u>anno a</u> m e sa	Department of C	Service - Western Region 1443	
at a second		THE PRINCIPALITY STATE			
CATALOG OF FEDERAL DO	MESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE	TITLE OF APPLICANT'S PROJECT:	
	\$1 [1] to	15-916	Heritage Park I	Development	
	the second of the second		City of Lemoor	8	
TITLE: Outdoor Recre	ation - Acquisition, De	velopitient & Flamming	119 Fox Street		
2. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, S	States, etc.):	Lemoore, CA	93245	
06-41152 ¹¹⁰	ngerong in the service of the service	A PROPERTY OF THE PROPERTY OF	anterior contractor of		
	IV. and and a second second	NETRICTS OF	1 2 2 3 3 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
3. PROPOSED PROJECT	14. CONGRESSIONAL	DISTRICTS CC.	3 1 1 4 J2 20 1 J 2 2 2 1 1 4 J 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
tart Date Ending Date	a. Applicant		b. Project	20	
11/1/03 6/30/08		03	LO IO ADDI ICATI	ON SUBJECT TO REVIEW BY STATE EXECUTIVE	
5. ESTIMATED FUNDING:			ORDER 12372		
. Federal	\$	55,080	ANTE THIS DE	REAPPLICATION/APPLICATION WAS MADE	
		30,000	AVAII A	BLE TO THE STATE EXECUTIVE ORDER 12372	
. Applicant	\$	55,080	PROCE	SS FOR REVIEW ON:	
. State	S *	······································	DATE	9/15/03	
i. Local	\$	90	T 0800	CRAMIS NOT COVERED BY E. O. 12372	
		<u> </u>	D. NO. LI PRO	ROGRAM HAS NOT BEEN SELECTED BY STATE	
a. Other	\$			REVIEW	
. Program Income	\$	٥٥	10.515 1.55	ICANT DELINQUENT ON ANY FEDERAL DEBT?	
	6	08 - /	The state of the s	es, attach an explanation.	
. TOTAL	\$	110,160			
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF,	ALL DATA IN THIS APPL	LICATION/PREAPPLI	ICATION ARE TRUE AND CORRECT, THE D THE APPLICANT WILL COMPLY WITH THE	
DOCUMENT HAS BEEN DUL	Y AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT AN	D THE APPLICANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF	THE ASSISTANCE IS A	WARDED.		c. Telephone Number	
a. Type Name of Authorized Re	evitative	b. Title	Parks and Recrea	ation (916) 653-7423	
Ruth Coleman		Acating Director,)		e. Date Signed	
d. Signature of Authorized Repu				8/13/23	
Previous Edition Usable	7-7-			Standard Form 424 (Rev. 7-97)	
Authorized for Local Reproduct	on we have			Prescribed by OMB Circular A-102	

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APPLICATION FOR				OMB Appro	oval No. 0348-0043		
FEDERAL ASSISTAL	FEDERAL ASSISTANCE (2. DA		. Compression	Applicant Identifier			
		December 1	2, 2003				
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED BY	STATE	State Application Identifier			
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier			
Non-Construction 5. APPLICANT INFORMATION	Non-Construction						
Legal Name:			Oreanizational Unit:				
West Patton Village	Community Service	ATE Chamaignaise	Community So	ervices District			
Address (give city, county, State.	and zip code	AIRICA TO TOTAL	1 1	number of person to be contacted of	on matters involving		
P.O. Box 960, Herlon	g, CA 96113	DEC 15	this application (give a Nivian Peterso	on, (530) 827-3377			
6. EMPLOYER IDENTIFICATION	N NUMBER (E/N):		TYPE OF APPLICA	NNT: (enter appropriate letter in box			
94-2473	3 3 1	<u>, , , , , , , , , , , , , , , , , , , </u>	State	H. Independent School Dist.	G		
8. TYPE OF APPLICATION:			B County	I. State Controlled Institution of Hi	igher Leaming		
☑ New	Continuation	Revision	C. Municipal D. Township	J. Private University K. Indian Tribe			
If Revision, enter appropriate lett	er(s) in box(es)	\	E. Interstate	L. Individual			
		J1	F. Intermunicipal	M. Profit Organization			
1	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify)			
D. Decrease Duration Other(s	specily):		9. NAME OF FEDERA	AL AGENCY:			
			US Department of Agriculture				
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE N	MBER:	11. DESCRIPTIVE TIT	ILE OF APPLICANT'S PROJECT:	-		
		10 - 769	West Patton Villa	ge Community Services Bu	siness		
TITLE: Rural Busine	ess Enterprise Grants		Center (See I	Project Summary)			
12. AREAS AFFECTED BY PRO		iles, etc.):	1	•			
Herlong. Lassen, Californ	ia						
13, PROPOSED PROJECT	14. CONGRESSIONAL DI		7 I T	D 7 - 4 + 3			
Start Date Ending Date	a. Applicant	u.s. Longres	Sman John T.	Doolittle			
1/1/04 8/1/04	Distri	ct 4	D. I Tojaci	SAME			
15. ESTIMATED FUNDING:	<u> </u>		16, IS APPLICATION	SUBJECT TO REVIEW BY STATI	E EXECUTIVE		
	y		ORDER 12372 PR	OCESS?			
a. Federal	\$	179,000 ~~~	. YES THIS DREA	PPLICATION/APPLICATION WAS	MADE		
b. Applicant	\$, to	4	TO THE STATE EXECUTIVE OR	1		
		9,500	FROCESS	FOR REVIEW ON:			
c. State	\$	90	date <u>De</u>	cember 12, 2003			
d. Local	\$	60,000		M IS NOT COVERED BY E. O. 12	1		
s. Other	\$	5.000	OR PROG FOR REV	Gram has not been selectei Iew	D BY STATE		
f. Program Income	\$	ůn -	17. IS THE APPLICAN	IT DELINQUENT ON ANY FEDER	AL DEBT?		
g. TOTAL	\$	253,500 °	☐ Yes If "Yes," z	attach an explanation.	₽ No		
				ION ARE TRUE AND CORRECT,			
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF '			E APPLICANT AND TH	IE APPLICANT WILL COMPLY W	ITH THE		
a, Type Name of Authorized Rep Roy V. Shaff	resentative	b. Title President		c. Telephone Number (530) 827-3377			
d. Signature of Authorized Bene-	sentative LL			e. Date Signed December 12, 20	003		
Previous Edition Usable	/			Standard Form 424 (Re			

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR				Applicant Identifier		
FEDERAL ASSISTAL	NCE	2. DATE SUBMITTED	A 2002	N/A		
		August 2	0, 2002	IVA		
1, TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application (dentifier SAI-EXEMPT		
Application	Prespplication			SAI-EXEMPI		
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Non-Construction	Non-Construction			06-01492		
5. APPLICANT INFORMATION						
Legal Nama:			Organizational Unit:			
California - Department o	of Parks and Recreation	on	California Depart	tment of Parks and Recreation		
Address (give city, county, State				number of person to be contacted on matters involving		
Post Office Box 942896	Party and the Pa		this application (give a			
	acianisino goro	5 4 4 5 1111	Odel T. King, Jr.			
	4296-0001		(916) 653-8758			
6. EMPLOYER IDENTIFICATIO	N NUMBER (E/M):	1 1 0000	TYPE OF APPLICA	ANT: (enter appropriate letter in box)		
	TIME DEC	11 2003		A A		
			A. State	H. Independent School Dist. I. State Controlled Institution of Higher Learning		
8. TYPE OF APPLICATION:			B. County	J. Private University		
New New	Continuation	EARTHOM#HOUSE	C. Municipal	K, Indian Tribe		
-		THINITY IIV	D. Township E. Interstate	L. Individual		
If Revision, enter appropriate let	ter(s) in bex(as)		F. Interstate F. Intermunicipal	M. Profit Organization		
			G, Special District	N. Other (Specify)		
14 11010400 / 1110/4		e Duration	G, Spewar Platfict	Odioi (aparit) Zazara		
D. Decrease Duration Other	(specify):		9, NAME OF FEDER	AL AGENCY:		
			Department of th			
			National Park Se	rvice - Western Region 1443		
			t			
10. CATALOG OF FEDERAL D	omestic assistance n	UMBER:	11. DESCRIPTIVE II	TLE OF APPLICANT'S PROJECT:		
		15 - 9 1 6	Watsonville Wetlands Acquisition			
- Outdoor Reci	reation - Acquisition, Dev					
12 AREAS AFFECTED BY PR			Wildlife Conservation Board			
17 AKEAS AFFECTED BY PK	COJECT (CINES, COUNDES, 31	aloa, ell.j.	1807 13th Street			
06-93590			Sacramento, Ca	95814		
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:				
HIJAFRUFUGED FRUJEU	- INCOMPANIANT D					
Start Date Ending Date	a. Applicant		b. Project			
10/1/12 6/30/06		13		3		
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE		
			ORDER 12372 PI			
a, Federal	\$	000	┨ .			
		1,227,211		APPLICATION/APPLICATION WAS MADE		
b. Applicant	\$	000		E TO THE STATE EXECUTIVE ORDER 12372		
		1,227,211	PROCESS	FOR REVIEW ON:		
c. State	\$, ox	1.	1/18/2003		
		AX.	DATE //	1/18/2003		
d. Local	\$.00	/	ANAIS NOT COVERED BY E. O. 12272		
		00	T PROGR	AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE		
e. Other	\$		FOR RE			
		00	-	A (EAA		
f. Program Income	S	.**	AT IS TUE ADDI YOU	INT DELINQUENT ON ANY FEDERAL DEBT?		
		80	=			
g. TOTAL	\$	2,454,422	Yes If "Yes,"	attach an explanation.		
40 TO THE DECT OF MY 1014	DWI EDGE AND BELLET A		CATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE		
TO THE HEST OF MY KNO	YMLEUGE AND BELIEF, A	LL DATA IN THIS APPLIC	HE APPLICANT AND T	THE APPLICANT WILL COMPLY WITH THE		
ATTACHED ASSURANCES II	F THE ASSISTANCE IS AN	ARDED.		·		
a. Type Name of Authorized Re		b. Title		c. Telephone Number		
Rusty Areias	ap. Coolinaa vo	Director, Parks an	d Recreation	(916) 653-7423		
	resentative o	-/- (e. Date Signed 7 - 8 - 0 7		
d. Signature of Authorized Repr	donell,	from &				
Previous Edition Usable				Standard Form 424 (Rev. 7-97)		

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.gov/gmsexternal/applicationReviev/ do?print=yes

APPLICATION FOR FEDERAL ASSISTAN	ICE	2. DATE SUBN	AITTED	Applicant Identifier			
1. TYPE OF SUBMISSION		3. DATE RECE	IVED BY STATE	State Applicat	ion Identifier		
Application Non-Constructio	on	4. DATE RECE AGENCY	IVED BY FEDERAL	Federal Identi	ifier 6		
5.APPLICANT INFORMATION							
Legal Name		The second secon	Organizational Un	it	and the second of the second o		
City of Fresno			Police Department		·		
Address	-	errore en	Name and telepho contacted on matt	ne number of the	ne person to be is application		
2326 Fresno Street Fresno, California 93721-1802			Garcia, Judy (559) 621-2053		RECEIVE		
6. EMPLOYER IDENTIFIC	ATION NUMBE	R (EIN)	7. TYPE OF APPLIC	ANT	050		
94-6000338			Municipal		DEC - 9 2003		
8. TYPE OF APPLICATION		And the second s	9. NAME OF FEDER	AL AGENCY	Car A Top Page 1 and 1 and 1		
New			Office on Violence Ag	iainst Women	STATE CLEARING HOL		
10. CATALOG OF FEDERA	L DOMESTIC A	SSISTANCE	11. DESCRIPTIVE		CANT'S PROJECT		
12. AREAS AFFECTED BY I	PROJECT		enforcement interver Police Department is their families by brea are able to access su	ntion and prevent committed towar king the cycle of pport and necess bringing together	professionals who provide		
Fresno California City of Fres include the Fresno County ar	sno metropolita: rea.	n area will be th	ne primary service area	a; although servi	ces will be expanded to		
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS ()F -		
•	1, 2004		a. Applicant				
End Date: Decem	ber 31, 2005		b. Project	CA21	CA20		
15. ESTIMATED FUNDING	المستحدث المستحدد الم		16. IS APPLICATIO	N SUBJECT TO I	REVIEW BY STATE		
Federal	\$1,500,0	00	EXECUTIVE ORDER				
Applicant	\$0	and of facilities	This preapplication/apexecutive order 1237		de available to the state ew on 12/09/2003		
	\$0	- Annual					
State			-				
State Local	\$0						
_ocal	\$0 \$0						
No. of Contract of	· · · · · · · · · · · · · · · · · · ·		17. IS THE APPLICA	ANT DELINQUEN	IT ON ANY FEDERAL		

Close Window

5106444428

APPLICATION FOR	3,400		OMB	Approval No. 0348-0043		
FEDERAL ASSISTANCE	DATE SUBMITTE		Applicant Identifier			
1. TYPE OF SUBMISSION:	13/5/20	203	826262834	(DUN)		
Application Prelapplication	3 DATE RECEIVED	BY STATE	State Application Identifier			
Construction Construction	- PATE RECEIVED	BY FEDERAL AGENCY	Federal Identifier			
Non-Construction Non-Construction 5. APPLICANT INFORMATION	ruction	Legels Identifier				
egel Name						
Natural Heritage Ins Address (give city, county, State, and zip code):	+1440	Organizational Unit:				
Address (give city, county, State, and zip code):		Name and telephone r	number of person to be contac	tod on maller in a til		
CIAO Shatfuck Avience,	5th FI	this application (give at	rea code)	ted on matters involving		
Berkeley, CA 94904		Gregon	4. Thomas (s)	2000		
EMPLOYER IDENTIFICATION NUMBER (EIN)	JEC 5 2003	7. TYPE OF APPLICA	NT: (enter appropriate letter in	07677-2500		
95-4108081)LO •	THE OF AFFEIGA	in 1. (emer appropriate lettor in	D DOX)		
TYPE OF APPLICATION:			H. Independent School Dist.	اسكا		
	. —		State Controlled Institution (of Higher Learning		
New Continu	atlon Revision	_ 1 1	J. Frivate University K. Indian Tribe			
Revision, enter appropriate letter(s) n box(es)		E. Interstate	L. Individual			
A. Increase Award B. Decrease Award C	المحما المحما	F. Intermunicipal	M. Profit Organization	211		
D. Decrease Duration Other(specify);	. Increase Duration	G. Special District	N. Other (Specify)	-profit		
		NAME OF FEDERAL	L AGENCY:			
	A STATE OF THE STA	NOAAF	isheries			
. CATALOG OF FEDERAL DOMESTIC ASSISTA	ANCE NUMBER:		LE OF APPLICANT'S PROJE	^=		
	Course	¬. I		1		
	11-4/2	¬. I		1		
TITLE: Habitat Conserva	111-463 ation	Festoring Angdren		1		
TITLE: Habitat Conserva	111-463 ation	Festoring Angdren	Salmon and ous Species	1		
TITLE: Habitat Conserva E. AREAS AFFECTED BY PROJECT (Cities, Cour Entire Central Valley of Cathern CA and SF Bay a	ation Intles States, etc.): California plus and Delta	Festoring Angdren		1		
TITLE: Habitat Conserva 2. AREAS AFFECTED BY PROJECT (Cities, Cour Entire Central Valley of Couthern CA and SF Bay a	111-463 ation	Festoring Angdren		1		
TITLE: H9bitat Conserva 2. AREAS AFFECTED BY PROJECT (Cities, Cour EntireCentral Valley of Outhern CA and SF Bay a D. PROPOSED PROJECT 14. CONGRESSION art Date Ending Date a. Applicant	ation Intles States, etc.): California plus and Delta	Restoring Anadrom		1		
TITLE: H9bitat Conserve AREAS AFFECTED BY PROJECT (Cities, Cour Entirecentral valley of Outhern CA and SF Bay a I. PROPOSED PROJECT 14. CONGRESSION BIT Date BIT Date BIT 2007 CA 779	ntles. States, etc.): California Plus and Delta DNAL DISTRICTS OF:	Festorina Anadrom	Salmon and ous Species	lother		
TITLE: H9bitat Conserve AREAS AFFECTED BY PROJECT (Cities, Cour EntireCentral Valley of Outhern CA and SF Bay a PROPOSED PROJECT 14. CONGRESSION BIT Date Ending Date a. Applicant BITCOMP 8/2007 CA 779	ntles. States, etc.): California Plus and Delta DNAL DISTRICTS OF:	Pestorina Anadrom	Salmon and ous Species	lother		
TITLE: H9bitat Conserva AREAS AFFECTED BY PROJECT (Cities, Cour EntireCentral Valley of Outhern CA and SF Bay a PROPOSED PROJECT 14. CONGRESSION AND Date Ending Date 8/2007 CA 779 ESTIMATED FUNDING:	ntion intles States, etc.): California plus and Delta DNAL DISTRICTS OF:	Pestorina Anadrom	Salmon and ous Species 16,18-21,23-S UBJECT TO REVIEW BY ST,	lother		
TITLE: H9bitat Conserve AREAS AFFECTED BY PROJECT (Cities, Cour EntireCentral Valley of Outhern CA and SF Bay a PROPOSED PROJECT 14. CONGRESSION BIT Date Ending Date Applicant CA 779 ESTIMATED FUNDING:	ation Intles, States, etc.): California plus and Delta DNAL DISTRICTS OF:	b. Project Z-S, 10,11, 16. IS APPLICATION S ORDER 12372 PRO	Salmon and ous Species 16,18-21,23-5 UBJECT TO REVIEW BY ST.	2 ATE EXECUTIVE		
TITLE: H9bitat Conserva AREAS AFFECTED BY PROJECT (Cities, Cour EntireCentral Valley of Outhern CA and SF Bay a PROPOSED PROJECT 14. CONGRESSIO BIT Date Ending Date 8. Applicant EXTENTIAL ESTIMATED FUNDING:	ntion intles States, etc.): California plus and Delta DNAL DISTRICTS OF:	b. Project Z-S, 10,11, 16. IS APPLICATION S ORDER 12372 PRO a. YES. THIS PREAP	Salmon and ous Species 16,18-21,23-5 UBJECT TO REVIEW BY ST, ICESS? PLICATION/APPLICATION W	2 ATE EXECUTIVE AS MADE		
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TITLE: H9 bitat Conserva AREAS AFFECTED BY PROJECT (Cities, Cour Entire Central Valley of Cathern CA and SF Bay a B. PROPOSED PROJECT 14. CONGRESSIO and Date Ending Date 3. Applicant B/Z24 8/2007 CA 779 ESTIMATED FUNDING: Federal \$ Applicant \$ Cathern S Cocal \$	ition inties states, etc.): California plus and Delta DNAL DISTRICTS OF: 900,000	b. Project Z-S, 10,11, 16. IS APPLICATION S ORDER 12372 PRO a. YES. THIS PREAP AVAILABLE T PROCESS FO DATE b. No. [] PROGRAM	Salmon and ous Species 16.18-21,23-5 UBJECT TO REVIEW BY ST, ICESS? PLICATION/APPLICATION WO THE STATE EXECUTIVE OF REVIEW ON; 2/5/03 IS NOT COVERED BY E. O.	AS MADE DRDER 12372		
TITLE: H9b; tat Conserva AREAS AFFECTED BY PROJECT (Cities, Cour EntireCentral Valley of Cathern CA and SF Bay a PROPOSED PROJECT 14. CONGRESSION BY CONTROL BY CONTROL BY CONTROL BY CATHY Applicant State	ation into States, etc.): California plus and Delta DNAL DISTRICTS OF: 900 350,000	b. Project Z-S, 10,11, 16. IS APPLICATION S ORDER 12372 PRO a. YES. THIS PREAP AVAILABLE T PROCESS FO DATE b. No. [] PROGRAM	Salmon and ous Species 16.18-21.23-S UBJECT TO REVIEW BY ST. CESS? PLICATION/APPLICATION WO THE STATE EXECUTIVE OF REVIEW ON; 2/5/63 IS NOT COVERED BY E. O. AM HAS NOT BEEN SELECT	AS MADE DRDER 12372		
TITLE: H9bitat Conserva P. AREAS AFFECTED BY PROJECT (Cities, Cour EntireCentral Valley of Cathern CA and SF Bay a Description of the Conservation of the Cathern CA and SF Bay a Description of t	ition inties states, etc.): California plus and Delta DNAL DISTRICTS OF: 900,000	b. Project Z-S, 10,11, 16. IS APPLICATION S ORDER 12372 PRO a. YES. THIS PREAP AVAILABLE T PROCESS FO DATE b. No. [] PROGRAM [] OR PROGR FOR REVIE	Salmon and ous Species 16.18-21,23-5 UBJECT TO REVIEW BY STATE EXECUTIVE OF REVIEW ON; 2/5/63 IS NOT COVERED BY E. O. AM HAS NOT BEEN SELECT W	AS MADE DRDER 12372		
TITLE: H9bitat Conserva AREAS AFFECTED BY PROJECT (Cities, Cour Entire Central Valley of Cathern CA and SF Bay a By PROPOSED PROJECT 14. CONGRESSION APPROPOSED PROJECT 14. CONGRESSION BY ZOOT 14. CONGRESSION APPROPOSED PROJECT 15. CONGRESSI	Tion Inteles States, etc.): Coalifornia plus And Delta DNAL DISTRICTS OF: 900 350,000 00 00 00 00 00 00	b. Project Z-S, 10,11, 16. IS APPLICATION S ORDER 12372 PRO a. YES. THIS PREAP AVAILABLE T PROCESS FO DATE b. No. [] PROGRAM [] OR PROGR FOR REVIE	Salmon and ous Species 16.18-21.23-S UBJECT TO REVIEW BY ST. CESS? PLICATION/APPLICATION WO THE STATE EXECUTIVE OF REVIEW ON; 2/5/63 IS NOT COVERED BY E. O. AM HAS NOT BEEN SELECT	AS MADE DRDER 12372		
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TITLE: H9b; tat Conserva AREAS AFFECTED BY PROJECT (Cities, Cour EntireCentral Valley of Cathern CA and SF Bay a PROPOSED PROJECT 14. CONGRESSION BY CONTROL Ending Date a. Applicant CA 749 ESTIMATED FUNDING: Federal \$ Applicant \$ Cather \$ Cocal \$ Cotal	THE GOVERNING BODY OF THE	b. Project 2-S, 10, 11, 16. IS APPLICATION S ORDER 12372 PRO a. YES. THIS PREAP AVAILABLE T PROCESS FO DATE b. No. [] PROGRAM [] OR PROGR FOR REVIE 17. IS THE APPLICANT [] YES IF "YES," attraction/PREAPPLICATION E APPLICANT AND THE	Salmon and Sous Species 16.18-21.23-S UBJECT TO REVIEW BY STATE EXECUTIVE OF REVIEW ON: 2/5/3 IS NOT COVERED BY E. O. AM HAS NOT BEEN SELECT W DELINQUENT ON ANY FEDINGEN AND CORRECT APPLICANT WILL COMPLY Telephone Number	AS MADE DRDER 12372 12372 ED BY STATE ERAL DEBT? No T, THE WITH THE		

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Prescribed by OMB Circular A-102

APPLICATION FOR OMB Approval No. 0348-0043 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE 826262834 (DUN) 12/5/2003 1. TYPE OF SUBMISSION: State Application Identifier <u>Application</u> Prespplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Føderal Identifler Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name Organizational Unit: Address (give city, county, State, and tip code): Name and telephone number of person to be contacted on matters involving 409 Spring St. this application (give area code) (530)478-Nevada City, CA 95959 8. EMPLOYER IDENTIFICATION NUMBER (EIN): Elizabeth Soderstrom & 7. TYPE OF APPLICANT: (enter appropriate letter in box) 95-4108081 5 2003A. State H. Independent School Dist. NEC 8. TYPE OF APPLICATION: I. State Controlled Institution of Higher Learning C. Municipal J. Private University X New Continuation Revision D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate as L. Individual M. Profit Organization F. Intermunicipal G. Special District N. Other (Specify) Von profit A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): 9. NAME OF PEDERAL AGENCY: National Oceanic and Atmospheric Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Coho Habitat Restoration TITLE: 1-4 bit at Conservation

12. AREAS AFFECTED BY PROJECT (Cities, Countles, States, etc.): in California and Southern See Appendix C Organ 14. CONGRESSIONAL DISTRICTS OF: See Append: x D 13. PROPOSED PROJECT Start Date Ending Date 8/2004 8/2007 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal \$ a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant \$ AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON c. State \$ DATE 12/1/03 d. Local \$ b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 e. Other \$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW f. Program Income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes," attach an explanation. X No 2,400,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. b. The Presiden a. Type Name of Authorized Representative c. Telephone Number (510)644-2900x.101 A. Thomas e. Date Signed Previous Edition Usable Standard Form 424 (Rev. 7-97)

APPLICATION FOR FEDERAL ASSISTANC	Ε	2. DATE SUBMITTED) .	Applicant Ide	Version 7/
1. TYPE OF SUBMISSION:		12/4/03 S. DATE RECEIVED I	BY STATE	State Applica	ation Identifier
Application	Pre-application	A DATE DECEMEN	N FFRFRAL A		
Construction	Construction	4. DATE RECEIVED	ST PEDERAL A	GENCY Federal Iden	ori o r
Non-Construction 5. APPLICANT INFORMATION	Non-Construction	17 70-			*A * * * * * * * * * * * * * * * * * *
Legal Name:			Organizatio		
California Coastkeeper Alliance	9		Department California C	oastkeeper Allance	
Organizational DUNS: 036947096			Division:		
Address:			Name and t	elephone number of p	erson to be contacted on metter
Street 2515 Wilshire Blvd.				ils application (give an	ea code)
Ciba:	IN EG		Prefix: Ms.	Chantal	
City: Santa Monica			E.	B	
County: Los Angeles		,	Last Name Collier		
State: CA	Zip Code UEU	4 2006	Suffix:		
Country: USA			n/a Email:		
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIR): OLI	ADIMO HATIO		coastkeeper.org	Fax Number (give area code)
95-4834043	STATE CLE	CAMING HUUS	310-548-098	•	310-548-0983
B. TYPE OF APPLICATION:	2		1		ck of form for Application Types)
₽ Ne	w 🔲 Continuation	n 🔲 Revision			or or form for Application Types)
f Revision, enter appropriate let See back of form for description	ter(s) in box(es)		· ·	rofit Organization	V
			Other (specif	<i>(</i>)	
Other (specify)			9. NAME OF	FEDERAL AGENCY: onal Marine Fisheries S	enire
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	E NUMBER:		PTIVE TITLE OF APPLI	
		1 1-4 6 3		ilifornia Regional Kelp R	
TITLE (Name of Program): Habitat Conservation					
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties,	States, etc.):	_	•	
Santa Barbara, Ventura, Los Ar	ngeles, Orange and Sen [Diego Counties			****
13. PROPOSED PROJECT			14. CONGRE	SSIONAL DISTRICTS	OF:
Start Date: 9/1/04	Ending Date: 8/31/07		a. Applicant 23, 41		b. Project Southern California Coast
15. ESTIMATED FUNDING:			_ / `	CATION SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$			ORDER 1237	2 PROCESS?	
9/1/04-8/31/05		408,167	a. Yes. 🔽 🍃	IVAILABLE TO THE ST,	NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
o. Applicant \$	•	,w	7	ROCESS FOR REVIEW	VON
c. State \$	-	30		PATE: 12/4/03	
I. Local \$, w	b. No. 🔲 P	ROGRAM IS NOT COV	'ERED BY E. O. 12372
e, Other \$		- CO	D. 140.		T BEEN SELECTED BY STATE
9/1/04-8/31/05 Program Income \$		411,659	_ F	OR REVIEW	
			TIT IS THE A	PPLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
TOTAL 9/1/04-8/31/05		817,826	Tyes If Ye	s" attach an explanation	. 12 No
8. TO THE BEST OF MY KNO	WLEDGE AND BELIEF,	ALL DATA IN THIS AD	DI ICATION/DD	EARRI ICATION ARE T	OUE AND COORDER THE
ITACHED ASSURANCES IF T	AUTHORIZED BY THE G	OVERNING BODY OF	HE APPLICAL	NT AND THE APPLICA	NT WILL COMPLY WITH THE
. Authorized Representative refix ir.	Eirst Name			Middle Name	
	Bruce		****	Middle Name	
ast Name teznik				Suffix n/a	. '
Title President				c. Telephone Number (give area code)
Signature of Authorized Repres	sentative	- 4		e. Date Signed 12/4/03	

APPLICATION FOR				OMB Ap	proval No. 0348-0043
FEDERAL ASSISTANCE	CE.	2. DATE SUBMITTED	t	Applicant Identifier	
FEDERAL ASSISTAN	OL.	12-5-2003			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
	reapplication		~	E t did sign	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:		
Marin Conser	vation Corps				
Address (give city, county, State, a				number of person to be contacte	ed on matters involvin
27 Larkspur	·Ctorost	GEIVE	this application (give a		F 16/ (8F/
San Rafael,	CA 949010 - 5]	ert, Exec. Dir. 41	The same of the sa
6. EMPLOYER IDENTIFICATION		_	TYPE OF APPLICA	ANT: (enter appropriate letter in	
94 - 2831	5 9 2 [[[DEC 4 2008	A. State	H. Independent School Dist.	$\lceil \mathbf{N} \rceil$
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution o	f Higher Leaming
		A. F. Povicion 110	+ C Minicipal	J. Private University	
 New	Confindation F	CLEARYNIC HO	[] DTdwnship	K. Indian Tribe	
If Revision, enter appropriate letter	(s) in box(es)		E. Interstate	L. Individual	
		. D	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify) <u>non-pr</u>	ofit org.
,	ease Award C. Increase	e Duration	G. Special District	N. Cirier (Opcony)	
D. Decrease Duration Other(sp	ieury),		9. NAME OF FEDER	AL AGENCY:	
	×		NOAA		
10. CATALOG OF FEDERAL DOI	MESTIC ASSISTANCE N	JMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJE	CT:
	ſ	II _ 4 6 3	Commod tv-	based Habitat Rest	oration
			Parrnershi	p Program in Marin	n County, CA
TITLE: 12. AREAS AFFECTED BY PROJ	IECT/Cities Counting St	otac etc.):	- Tarcicion	P 11061000 120	, ,
·					
Marin County, Son	noma County, CA	1			
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			
Start Date Ending Date z	a. Applicant		b. Project		
7-1-04 6-30-07	CA 6th and 8t	h	CA 6th a	nd 8th	
15. ESTIMATED FUNDING:				SUBJECT TO REVIEW BY ST	ATE EXECUTIVE
		00	ORDER 12372 PI	ROCESS?	•
a, Federal	^{\$} 600,889	, ""	a. YES. THIS PRE	APPLICATION/APPLICATION \	NAS MADE
b. Applicant	\$	00	AVAILABL	E TO THE STATE EXECUTIVE	
1. 7 pp 102111			PROCESS	FOR REVIEW ON:	
c. State	\$ 160,816	00	DATE 1	2-5-2003	
d. Local	\$ 573,895	00		AM IS NOT COVERED BY E: C), 12372
e Other	\$	00	OR PRO	GRAM HAS NOT BEEN SELEC	CTED BY STATE
f Program Income	\$	60			
- ·			17. IS THE APPLICA	NT DELINQUENT ON ANY FE	DERAL DEBT?
	\$ 1,335,600		-	attach an explanation.	X No
18. TO THE BEST OF MY KNOW	LEDGE AND BELIEF, AL	L DATA IN THIS APPLIC	CATION/PREAPPLICA	TION ARE TRUE AND CORRE	CT, THE
DOCUMENT HAS BEEN DULY			IE APPLICANT AND T	HE APPLICANT WILL COMPL	T AALITE LUIC
ATTACHED ASSURANCES IF T a. Type Name of Authorized Repre		ARDED. b. Title		c. Telephone Number	
Marilee Eckert	, 232Hana		e Director	415 454-4554	
d Signature of Authorized Repres	entative			e Date Signed	3
Manlee Ecke	J		·	1-14-03	· /= × 03\

FEDERAL ASSISTA		2. DATE SUBMITTED		Applicant Ider	//a	
FEDERAL ASSISTA	NCE		per 6, 2003		ntifier	
1. TYPE OF SUBMISSION:	, in the second	3. DATE RECEIVED B	Y STATE	State Applicat	ion Identifier	
Application Construction	Preapplication Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identi	fier	Mark Community of the second special s
Non-Construction	☐ Non-Construction			Guorai iuonii		
5. APPLICANT INFORMATION				·L·····		
Legal Name: Daytop Village-Califo			Organizational Unit: Non-profit			
Address (give city, county, State	, and zip code):		Name and telephone	number of pers	on to be contacted on ma	atters involvi
631 Woodside Road			this application (give a	rea code)		
Redwood City, Ca. 9	94061		Kathleen Fan	-:- (046)	000 0004	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter ann	ropriate letter in box	
2 2 - 2 9 2 3			A. State	H. Independer	N	
8. TYPE OF APPLICATION:			B. County		olled Institution of Higher	l earning
☑ Nev	v Continuation	Revision	C. Municipal	J. Private Univ		_oannig
	the state of the s		D. Township	K. Indian Tribe	•	
If Revision, enter appropriate letter(s) in box(es)			E. Interstate	L. Individual		
A. Increase Award B. Decrease Award C. Increase Duration			F. Intermunicipal G. Special District	M. Profit Orga		
	specify):	e Daragon	G. Special District	N. Other (Spec	сну)	
			9. NAME OF FEDERA	AL AGENCY:		
		Andreas de la companya del companya del companya de la companya de	USDA- RURAL D	DEVELOPME	ENT	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TIT	TLE OF APPLIC	CANT'S PROJECT:	
		1 0 - 7 6 6	Purchase and ex	pansion of F	Residential Group He	ome for
TITLE:			Adolescent Subs	tance Abuse	Treatment	0.110 101
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties, Sta	ntes, etc.):	-		Free Con Street	Selection of the select
Herald, California Sacra		,,			RECEN	
	-				1.	
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			DEC - 8	2003
Start Date Ending Date 6/1/04	a. Applicant		b. Project		STATE CLEARING	SHOTISE
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO	REVIEW BY STATE EX	ECUTIVE
			ORDER 12372 PR	OCESS?	-	
a. Federal	\$	00				
h Applicant		2,824,655			APPLICATION WAS MAD	
b. Applicant	\$.55	1		E EXECUTIVE ORDER	12372
c. State	\$	00	PROCESS	FOR REVIEW (JN:	
		•	DATE	11/07/03		
d. Local	\$.00			and a real temporal and a second	
C Other		00			ERED BY E. O. 12372	
e. Other	\$.00			F BEEN SELECTED BY	STATE
f. Program Income	\$.00	FOR REVI			
g. TOTAL	\$	00	17. IS THE APPLICAN	IT DELINQUEN	IT ON ANY FEDERAL D	EBT?
g. TOTAL	2	2,824,655	Yes If "Yes," a	ttach an expla	nation.] No
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, ALL	DATA IN THIS APPLIC	ATION/PREAPPLICATI	ON ARE TRUE	AND CORRECT THE	
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	VERNING BODY OF TH	E APPLICANT AND TH	E APPLICANT	WILL COMPLY WITH T	HE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AWA	RDED.				
a. Type Name of Authorized Reports (Rev.) Joseph Hennen	esentative	b. Title		c. Telephone N		
d. Signature of Authorized Repres	sentative	Vice-President		(650) 722-1	010	
1000 Transfer	1 1			e. Date Signed	01003	
Previous Edition Usable			<u>-</u>	Stan	<i></i>	
Authorized for Local Reproduction	1				cribed by OMB Circular A	

Org Name: LA CLINICA DE LA RAZA

UDS Number: 091230

APPLICATION	ON FOR	ſ	2. DATE SUBMITTED)	Applicant Identifier	
FEDERAL A	SSISTANC	E		11/25/2003		
1. TYPE OF SUBMISS Application		plication	3. DATE RECEIVED E	BY STATE	State Applicationt I	dentifier
Construction	_ c	onstruction	4. DATE RECEIVED E	BY FEDERAL AGENCY	Federal Identifier	
✓ Non-Construct	tion N	on-Construction			6 H80CS00631-02-	03
5. APPLICANT INFOR	MATION					
Legal Name: LA CLINICA DE	E LA RAZA			Organizational Unit:		
Address (give city, cou	nty, state, and zip coo	le)				ontacted on matters involving this
1515FRUITVALE	E AVENUE			application (give area Jane García	code)	
OAKLAND, CA	94601			510-535-4017		
Alameda						
6. EMPLOYER IDENTI	FICATION NUMBER	(EIN):		7. TYPE OF APPLICA	ANT (enter apprpriate letter i	n box)
1941744108A1				A. State	H. Independen	· N
8. TYPE OF APPLICATION: New Continuation Revision If Revision, enter appropriate letter(s) in box(es A. Increase Award B. Decrease Award C. Increase Duration				B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	I. State Contro J. Private Univ K. Indian Tribe L. Individual M. Profit Organ N. Other (Spe	olled Institution of Higher Learning ersity
D. Decrease Duratio	n Other (spe	ыу):		9. NAME OF FEDERA HHS, BPHC	AL AGENCY:	
10. CATALOG OF FE	DERAL DOMESTIC Annunity Health Center		ER:		rLE OF APPLICANT'S PRO primary health care s	PIECT: ervices to a medically indigent
						RECEIVED
12. AREAS AFFECTE Alameda, Contra			etc.):			PECEIVED DEC - 8 2003
13. PROPOSED PRO	JECT:	14. CONGRESSIO	ONAL DISTRICTS OF	<u> </u>		
Start Date	Ending Date	a. Applicant			b. Project	STATE CLEARING HOUSE
04/01/2001	03/31/2006	9			9, 13, 7	OTAIL OLEANING HUUSE
15. ESTIMATED FUND	DING:	<u> </u>	16. IS APPLIC	CATION SUBJECT TO R	EVIEW BY STATE EXECUT	IVE ORDER 12372 PROCESS
a. Federal		4,293,417	u, 120. 1	THIS PREAPPLICATION/ E ORDER 12372 PROCI		AVAILABLE TO THE STATE
b. Applicant		505,333	00	ATE 12/01/2003	EGGT GIVILEN GIV.	
c. State		1,317,510	.00 b. NO.	PROCEAMIS A	NOT COVERED BY E.O. 123	172
d. Local		4,734,786	.00		HAS NOT BEEN SELECTED	
e. Other		2,223,928	.00			
f. Program Income		19,857,903	.00 17. IS APPLICA	ATION DELINQUENT OF	N ANY FEDERAL DEBT?	
g. TOTAL		32,932,877	.00	Yes If "Yes",	attach an explanation	No
	GOVERNING BODY	OF THE APPLICANT				, THE DOCUMENT HAS BEEN DULY ICES IF THE ASSISTACE IS AWARDED. c. Telephone Number
d. Signature of Autho	rized Depresentative			JOEU		510-535-4017 e. Date Signed
Electronically Sig	•	arcia				11/25/2003

							OMB Approval No. 0348-0043		
APPLICATION FOR FEDERAL ASSIST		E		2. DATE SUBMITTED			Applicant Identifier		
1. TYPE OF SUBMISSION: Application 区 Construction		Preapplication ☐ Construction		3. DATE RECEIVED BY	Y STATE		State Application Identifier		
⊠ Non-Construction		☐ Non-Construction		4. DATE RECEIVED BY	Y FEDERAL	AGENCY	Federal Identifier		
5. APPLICANT INFORMA	TION								
Legal Name Los Angeles County M	etropoli	itan Transportation Aut	hority	Organizational Unit: Programming	and Polis	ev Analys	rie.		
Address (give city, state, and z						 	ntacted on matters involving this application (give		
One Gateway I Los Angeles, C		nia 90012-2952		Nela De Castr (213) 922-6160					
6. EMPLOYER IDENTIFIC 95 - 44 0 19		NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter app	oropriate letter	in box) N		
8. TYPE OF APPLICATION: x New Continuation Revision				B County I S C Municipal J D Township K	Private Unive Indian Tribe Individual	led Institution ersity	of Higher Learning		
If Revision, enter appropriat	te letter(s	in box(es):		G Special District N	Ç				
A Increase Award B D D Decrease Duration Ot	ecrease A		on	State Chartere	d Trancit	District			
	iii (spee)	937		9. NAME OF FEDERAL		District			
				Federal Trans	sit Admir	istration			
10. CATALOG OF FEDERA	AL DOM	ESTIC 20 - 507		11. DESCRIPTIVE TIT	LE OF APPI	ICANTS PRO	OJECT:		
ASSISTANCE NUMBER TITLE 49 U.S.C.	§ 5307	7		CA-90-Y197 - Fiscal	l Year 200	4 Capital &	& Operating Assistance		
12. AREAS AFFECTED BY	PROJE	CT (cities, counties, states, et	c.)						
City and County of Lo	s Ange	les, CA							
13. PROPOSED PROJECT		14. CONGRESSIONAL D							
Start Date		Ending Date a	Applicant			b. Project			
07-01-2003		06-30-2009 25 (hrough 39, 42, 46			Same as	s Applicant		
15 ECTIMATED EURIDING		www.r	16 16 1 PPI IGATIO	N CUBIECT TO DEVIEW	v pv cm i me	EVECTORY	CORDER 12372 PROCESSO		
a Federal	\$	140,730,870	a YES THIS PI	=	ICATION W		E ORDER 12372 PROCESS? VAILABLE TO THE STATE EXECUTIVE		
			DATE <u>12/</u>	10/03					
				OGRAM IS NOT COVER			THE FOR REVIEW		
b Applicant	\$.00	_ CRP	ROGRAM HAS NOT BE	LIN SELECT	LU DI SIAI	DEC 8 2003 A		
c State	\$.00					I DEC - 8		
d Local e Other	\$	30,546,406					I TOTAL CHOLLENGE HOLL		
	<u>\$</u> \$.00	17. IS THE APPLIC	ANT DELINQUENT ON	ANY FEDER	AL DEBT?	STATE CLEANING TO		
9	Ψ	•••		es" attach an explanation	× No		Surrenzonessonesson Personal and Charles		
g TOTAL	\$	171,277,273		-					
18. TO THE BEST OF MY KNO GOVERNING BODY OF THE AI							CUMENT HAS BEEN DULY AUTHORIZED BY THE VARDED		
a Typed Name of Authorized	Represe	ntative			b Title Director		c Telephone number		
GLADYS LOWE			****	·	Regional Gra Administrati		nent & (213) 922-2459		
d. Signature of Authorized R	epresent	ative			e. Date Signe	a 12/1 (*	2003		
/			····		L	•			

Previous Editions Not Usable

UDS Number: 090210

OMB Approval No. 0348-0043

APPLICA [*]	TION FOR						
FEDERAL	. ASSISTA		2. DATE SUBMITTED		Applicant Identifie	r	
TYPE OF SUBM Application		Preapplication	3. DATE RECEIVED E	BY STATE	State Applicationt	Identifier	
Construction	on [Construction	4. DATE RECEIVED I	BY FEDERAL AGENCY	Federal Identifier		
Non-Const	truction	Non-Construction			6 H80CS00	6 H80CS0	
5. APPLICANT INF	ORMATION						
		LTH NETWORK, I	NC.	Organizational Unit			
Address (give city, co	ounty, state, and zip o	code)		Name and telephone number	of the person to be con	tacted on matters involving	
		55 East Julian S	Street	this Reymundo C. Es	ninoza Ch	hief Executive Officer	
SAN JOSE	CA	95112		408 918-2682	, , , , , , , , , , , , , , , , , , ,	nor Excounte Officer	
6. EMPLOYER IDEN 1941743078		BER (EIN):		7. TYPE OF APPLICANT:	(enter apprpriate letter	in box) N	
8. TYPE OF APPLIC	ATION:			A. State	H. Independer		
	☐ New	Continuation	C Davidsian	B. County C. Municipal	State Contr Learning	rolled Institution of Higher	
If Revision, enter app		Liliani.	Revision	D. Township E. Interstate	J. Private Unix		
A. Increase Award				F. Intermunicipal	K. Indian TribeL. Individual	Other: Public Non-Profit	
D. Decrease Dura		(specify): Dura	crease tion	9. NAME OF FEDERAL AG	(Sp	pecify)	
				HHS, BPHC	LIIOT.		
10. CATALOG OF F	EDERAL DOMEST	TC ASSISTANCE NUMBE	R:	11. DESCRIPTIVE TITLE OF	APPLICANT'S PROJ	IFCT	
Community Health Centers				ll .		c's and HCH health services.	
	Health Care for t	he Homeless		Trenewar application	rto operate 5 cm	es and non nealth services.	
					Yellon	THE PARTY OF THE P	
12. AREAS AFFECT	ED BY PROJECT	(cities, counties, states, e	tc.):			The party of the same of the s	
Santa Clara (County, State o	of California			g	RECEIVED	
13. PROPOSED PRO	n mort					- S - S - S - S - S - S - S - S - S - S	
Start Date	Ending Date		NAL DISTRICTS O			11FC - 9 2000	
04/01/2000	03/31/2005				Project	0 2003	
04/01/2000	03/31/2005	16		1	13, 14, 15, 16		
15. ESTIMATED FUN	IDING:			<u></u>	S	TATE CLEADING LIGHT	
a. Federal	I I		16. IS APPLICA	ATION SUBJECT TO REVIEW	BY STATE EXECUTIVE	VE ORDER 12372 PROCES TOUSE	
u. i odolai	\$4,47	6,877.00	a. YES. TH	HIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE			
b. Applicant			EXECUTIVE	ORDER 12372 PROCESS FO	R REVIEW ON:	THE STATE	
	\$0.00		DA ⁻	TE 12/02/200	03		
c. State	\$407,2	242.00					
d. Local	\$1,366	5,366.00	b. NO.	V PROGRAM IS NOT COVI			
e. Other	\$86,32			OR PROGRAM HAS NO	BEEN SELECTED S	TATE FOR REVIEW	
	+ + + + + + + + + + + + + + + + + + + +					1	
f. Program Income	\$11,16	6,629.00	17. IS APPLICAT	TON DELINQUENT ON ANY F	EDERAL DEBT?		
g. TOTAL	1	03,436.00	YES	If "Yes", attach ar		V NO	
8. TO THE BEST OF	MY KNOWLEDGE	AND BELIEF, ALL DATA I	N THIS APPLICATION	PREAPPLICATION ARE TRU	E AND CORRECT TH	HE DOCUMENT HAS BEEN DULY	
a. Typed Name of Aut			ND THE APPLICANT W	ILL COMPLY WITH THE ATT	ACHED ASSURANCE	S IF THE ASSISTACE IS AWARDED.	
Reymundo C. I	•	•		Chief Executive Office		c. Telephone Number 408 918-2682	
d. Signature of Autho	orized Represetativ	/e		2		e. Date Signed	

APPLICATION FOR							Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED	12/3/03	, А	pplicant Ident 051 27		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY		\$	tate Application		,
☐ Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AC	GENCY F	ederal (dentifi	еr	
Non-Construction	Non-Construction			•			
5. APPLICANT INFORMATION			1				
Legal Name: SAVE SAN FRANCISC	0 PAN ACCOCIA-	CIANI	Organizatio Department:				
		1101.4					
Organizational DUNS: 051 274 694							STURATION
Address: Street:		,	Name and to	elephone n	umber of per on (give area	son to be co	ntacted on matters
1600 BROADWAY, S	SUITE 300		5	R. F	irst Name:	ASON	
City: OAKLAND, CA		IEO \	Middle Name	e AVEE	4	Consult the group of Fr.	make the life on the second of
County: ALAMEDA	·		Last Name	MORR	15		
State: CA	Zip Code 94412	OFC 3 2003	Sulfix:				
Country: U.S.A.	PA L	C 2 CHO	Email: jr	10rris@	savesfba	y org	
6. EMPLOYER IDENTIFICATIO	N NUMBER (ÉIN):	OL RING	Phone Numb	рег (give prea	code)	Fax Number	(give area code)
94-6078420		CLEAN	(510)4	152-92	261	(510)4	52-9266
8. TYPE OF APPLICATION:			7. TYPE OF	APPLICAN	T: (See back	of form for A	oplication Types)
New If Revision, enter appropriate lette (See back of form for description	er(s) in box(es)	S Revision	0 > NC Other (specify		PEOFIT.	ORGANIZ	2.AN6N
Other (specify)		لبيا	9. NAME OF			FICURE	ES SERVICE
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRI	PTIVE TITL	E OF APPLIC	ANT'S PRO	JECT:
		11-463	COMMIL	NITY-	BASED	RESTOR	ATION
TITLE (Name of Program):	BITAT CONSERI	JATION	PROJE				
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties,	States, etc.):					
NINE - COUNTY SAN'	FRANCISCO BAY	AREA					
13. PROPOSED PROJECT	\F_4:D_4.				DISTRICTS O		
Stan Date: AFRILI, 2004	Ending Date: MAIZCH 31,	2006	a. Applicant	U.S. D157 33EM DIGT	16 5571477	b. Project	
15. ESTIMATED FUNDING:			16. IS APPLI	ICATION SU	JBJECT TO F	REVIEW BY	TATE EXECUTIVE
a. Federal \$	100	00.00	a. Yes, 🖒 🕽			APPLICATIO	N WAS MADE
b. Applicant \$	100	.00	, ·		TO THE STATOR REVIEW		VE ORDER 12372
c. State \$	2	,00		DATE: 1Z	13/03		
d. Local \$		5,000.00	b. No.	PROGRAM I	S NOT COVE	RED BY E. C	D. 12372
e. Other \$	6	ΔO				BEEN SELE	CTED BY STATE
f. Program Income \$	- بنا	.00		OR REVIEN		TON ANY F	EDERAL DEBT?
g. TOTAL \$	2.00	0,000 .00	☐ Yes If "Ye	es" attach ar	explanation.	. 5	I No
18. TO THE BEST OF MY KNOW	NLEDGE AND BELIEF,	ALL DATA IN THIS APP					
ATTACHED ASSURANCES IF T a. Authorized Representative			TE APPLICA	חו שמא ומ	E APPLICAN		IPLY WITH THE
Prefix	First Name	.1		Middle Na	ime Alle	T:2 × J	
Last Name	JASON	7	***************************************	Sufflx	AVE	· <u>F</u> 7	
MORRIS	177	- / 			ne Number (g		
EDUCATION D		/// >=		e. Date Si		<u>-9261</u>	_
Previous Edition Usable		V VV			12		3 pm 424 (Rev 9-2003)

UDS Number: 091030

OMB Approval No. 0348-0043

APPLICATION			2. DATE SUBMITTED	DATE SUBMITTED		Applicant Identifier		7	
FEDERAL ASSISTANCE									
1. TYPE OF SUBMISS Application	ION:	Pre	application	3. DATE RECEIVED BY	Y STATE	State Applicationt Id	entifier		
Construction			Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier			7
Non-Construc	ction Non-Construction				6 H80CS00	6 H80CS00			
5. APPLICANT INFOR	MATION								_
Legal Name: ASIAN HEALTH SERVICES					Organizational Unit:		WW.197		
Address (give city, coun	ty, state, and zij	p code	9)		Name and telephone numi	ber of the person to be conta	acted on matters inv	olving	
818 WEBSTER STREET					Sherry Hirota				
OAKLAND CA 94607				510-986-6837					
6. EMPLOYER IDENT 1942235908A		JMBE	R (EIN):		7. TYPE OF APPLICANT A. State	: (enter apprpriate letter in H. Independen	IN	:	7
8. TYPE OF APPLICA	TION:	ew	Continuation	Revision	B. County C. Municipal D. Township				
If Revision, enter appro	priate letter(s) i	n box	(e	Increase	E. Interstate F. Intermunicipal				
D. Decrease Duration				ation	9. NAME OF FEDERAL AGENCY: HHS, BPHC				
									_
10. CATALOG OF FE	Community H		ASSISTANCE NUMB Centers	ER:	1	OF APPLICANT'S PROJ		t of A	
		-			Asian Immigrant and Refugee Primary Care Project of Alameda County				10 / Propa
						IVED - 3 2003			
12. AREAS AFFECTE	D BY PROJEC	CT	(cities, counties, states,	etc.):	1 DEC -				- 3 2003
Alameda County									
13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICTS O					MING HOUSE				
Start Date	Ending [Date	a. Applicant		b. Project			The American	TOTAL TREATMENT AND THE PROPERTY OF THE PROPER
04/01/2004	03/31/20	05	9		9				
15. ESTIMATED FUN	DING:			16. IS APPLIC	ATION SUBJECT TO REV	IEW BY STATE EXECUTIV	VE ORDER 12372	PROCES	7
a. Federal				HIS PREAPPLICATION/APF E ORDER 12372 PROCESS					
b. Applicant	\$1				ATE 12/01/				
c. State	\$2	32,3	29.00	b.	PROGRAM IS NOT COVERED BY E.O. 12372				
d. Local	\$1,281,943.00 No.			V OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW					
e. Other	\$2,452,282.00								
f. Program Income	\$7	,103	,232.00		TION DELINQUENT ON ANY FEDERAL DEBT?				
g. TOTAL	\$15,336,018.00			YES					
18. TO THE BEST OF AUTHORIZED BY THE	MY KNOWLEI GOVERNING	DGE /	AND BELIEF, ALL DA' Y OF THE APPLICAN	A IN THIS APPLICATION AND THE APPLICANT	N/PREAPPLICATION ARE WILL COMPLY WITH THE	TRUE AND CORRECT, T ATTACHED ASSURANC	ES IF THE ASSIS	TACE IS AWARDED.	
a. Typed Name of Authorized Representative				b. Title		c. Telephone I 510-986-6	Number		
Sherry Hirota C d. Signature of Authorized Representative					Chief Executive (Jilli Gel	e. Date Signed	·····	-
12/1/0					1/03				
	-	_	- Company - Comp				/		_

				• OMB App	proval No. 0348-0043	
APPLICATION FOR FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED	73	Applicant Identifier		
		3. DATE RECEIVED BY		State Application Identifier		
1. TYPE OF SUBMISSION:	- Bartina	1				
Application Construction	Construction		FEDERAL AGENCY	Federal Identifier		
Non-Construction	Non-Construction		The state of the s			
5. APPLICANT INFORMATION	,	TONIMALL	Organizational Unit:	Envice Prognization	of Operating FOL	
Legal Name: Address (give city, county, State,	and zip code):	(PMINT)	Name and telephone this application (give a	number of person to be contacted	d on matters involving	
6210 St. CROIX D	R. Bokersfield	(KOLN) (A.93313	Totacial	NT: (enter appropriate letter in t	333-3801	
6. EMPLOYER IDENTIFICATIO			7. TYPE OF ALL CIS	H. Independent School Dist.	N/	
56-2396	235	, V	A. State B. County	f Higher Learning		
8. TYPE OF APPLICATION:			C. Municipal	J. Private University		
Nev	w ☐ Continuation	Revision	D. Township	K. Indian Tribe		
and a series appropriate tell	TET(S) IL-box(es) 72 []	VIII	E. Interstate	L. Individual M. Profit Organization— (/ . \	(2) a . Aa - 1	
If Revision, enter appropriate a A. Increase Award B. De	crease Award C. Increa	se Duration	্য, Intermunত ipal G. Special Chatrict	M. Profit Organization (c)		
D. Decrease Duration Other	(apadity): DEC 3	2003 19	ASSISTEDER	Sovernor, Rural To	elephone Bank	
	Approximation of the control of the		TO DESCRIPTION OF	NENT OF HORICULT	HURCA CT:	
10. CATALOG OF FEDERAL	OMESTIC ASSISTANCE	化性USE	TI DESCRIPTIVE	Purpose of pro exvices and as levelopmentally	vidina	
General and L	das to tele	90-1019	JPN///it-	. rukpose of find	1. sted	
Phone TITLE Compar	ies that the	u PROVIDE-Financi	ASUPPORT S	expired and as	disabled	
12. AREAS AFFECTED BY PE	OJECT (Cities, Counties,	Steel of etc.).	living FOR	100 dopmentally	.01340190	
Rox proxion	(KARN)	\f.\f.	Haultso	· · · · · · · · · · · · · · · · · · ·		
13. PROPOSED PROJECT	14. CONGRESSIONAL	DISTRICTS OF:				
			b. Project			
Start Date Ending Date	A Applicant		99	TO DEVIEW BY S	TATE EXECUTIVE	
15. ESTIMATED FUNDING:	<u> </u>	yn nagw Carfella a a ddi gaeth a charll a charl a cha		N SUBJECT TO REVIEW BY S	TATE ENGINEE	
13. ESTIMATES I SITE	and the second s	The same of the sa	ORDER 10972			
a. Federal	\$ 200,000)	a. 755. THIS 18	APPLICATION/APPLICATION	WAS MADE	
b. Applicant	\$ 31	00	AVALLAE	BLE TO THE STATE EXECUTIVE SEFOR REVIEW ON:	= OHUER 123/2	
	$\frac{1}{s}$	60		12-2-2003		
c. State	9	60	-			
d. Local	\$		D. N↑ □ PROG	HAM IS NOT COVERED BY E. 9 ROGRAM HAS NOT BEEN SELE	O. 12372 CTED BY STATE	
e. Other	\$ 30,000	00		REVIEW	.0.1	
f. Program Income	\$,00	17. IS THE APPLI	CANT DELINQUENT ON ANY F	EDERAL DEBT?	
g. TOTAL	\$ 26000	00		s," attach an explanation.	No	
	SUU, UU	ALL DATA IN THIS APPL	LICATION/PREAPPLIC	CATION ARE TRUE AND CORR THE APPLICANT WILL COMP	ECT, THE	
18. TO THE BEST OF MY KI DOCUMENT HAS BEEN DU ATTACHED ASSURANCES	ILA VOLHORISED DE LUE	COVERNIC	THE APPLICANT AND			
a. Type Name of Authorized	Pepresentative	Executive	o Deportor	c. Telephone Number	·- <i>5807</i>	
Patricia /	Nahuson _	EXECUTIVE	TARILLUK_	e. Date Signed	-2003	
Signature of Authorized He	epresentative	and the second s	The state of the designation of the state of	Standard Form 4	24 (Rev. 7-97)	
Previous Edition Usable	000			Prescribed by ON	MB Circular A-102	
Cauthorized for Local Reprodu	uction					

UDS Number: 091030						OMB Approval No. 0348-004		
APPLICATION FOI FEDERAL ASSIST	2. DATE SUBMITTED	PATE SUBMITTED			Applicant Identifier			
1. TYPE OF BUBMISSION: Application	Preapplication	3. DATE RECEIVED B	3. DATE RECEIVED BY STATE			lentifier		
Construction Non-Construction	Canstruction Non-Construction	Printed Street, Street, Street, St.	THE PROPERTY OF THE PROPERTY O			Federal Identifier 6 H80CS0C		
5. APPLICANT INFORMATION	i	The total of		D. Control				
Legal Name: ASIAN HEALTH SERVIO	DEC - 1 2	Organization	al Unit:					
Address (give city, county, state, and zi	p code)		Name and telephone number of the person to be contacted on matters involving					
818 WEBSTER STREET	TATE CLEARING	this	Hirota	Chi	ief Executive Officer			
OAKLAND CA	**CENTERIOR ***********************************							
6. EMPLOYER IDENTIFICATION NU 1942235908A1	JMBER (EIN):	· · · · · · · · · · · · · · · · · · ·	7. TYPE OF	APPLICANT: (6	nter apprortate letter in H. Independent	IN]		
8. TYPE OF APPLICATION:		· · · · · · · · · · · · · · · · · · ·	B. Count	Y	•	olled institution of Higher		
□ Na	w 🔽 Condnua	tion Revision	C. Munic D. Town		Learning J. Private Unive	v		
If Revision, enter appropriate letter(s) i			E. Interet		J, Private Unive			
	Decrease Award	C. Increase	F. Interm	unicipal	L. Individual (Spe	Other: Private Non-Profit		
	her (epeclfy):	Duration	9. NAME OF	FEDERAL AGE		Den y)		
			HHS, BPH					
10. CATALOG OF FEDERAL DOME		NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT					
Community H	egith Centers		Asian Immigrant and Refugee Primary Care Project of Alameda County					
	***		1					
12. AREAB AFFECTED BY PROJECT (cities, countles, states, etc.):								
Alameda County								
40 DECEMBER NECT	144 8808	STOCIONAL PIOCENTAL A				· · · · · · · · · · · · · · · · · · ·		
13. PROPOSED PROJECT: Start Date Ending D		RESSIONAL DISTRICTS O	•	' h	Project			
_		3111						
04/01/2004 03/31/20	05 9			9	1			
15. ESTIMATED PUNDING:		1 46 JE ADELIO	ATION OUT IT					
		16, 16 APPLIC	ATION SUBJE	CLIOKEVIEW	DISIAIE EXECUTIV	E ORDER 12372 PROCES		
	.532,603.00		YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:					
b. Applicant \$1,	,733,629.00	DA	12/01/2003					
c. State \$20	\$232,329.00		b. PROGRAM IS NOT COVERED BY E.O., 1237z					
d. Loczi \$1,	281,943.00	NO,	NO, OR PROGRAM HAS NOT BEEN SELECTED STATE FOR P					
e. Other \$2,	452,282.00							
f. Program Income \$7,	103,232.00		17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?					
g. TOTAL \$15	h	YE8 If "Yes", attach an explanatio V NO						
18. TO THE BEST OF MY KNOWLED AUTHORIZED BY THE GOVERNING A. Typed Name of Authorized Repr	Body of the appli	DATA IN THIS APPLICATION CANT AND THE APPLICANT	V/PREAPPLICA WILL COMPLY D. Title	ATION ARE TRU WITH THE AT	E AND CORRECT, TI ACHED ASSURANCI	ES IF THE ASSIBTACE IS AWARDED.		
e. Typed Name of Authorized Representative Sherry Hirota				ecutive Offic	19:	c. Telephone Number 510-986-6837		
d. Signature of Authorized Representative						a. Date Signed		
1	30	1/2 from				14/1/03		

APPLICATION FOR				OMB Approval No. 0348-0043			
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED October 9, 2003		Applicant Identifier			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier			
Application XI Construction	Preapplication			Padand Markisan			
Non-Construction	Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier			
5. APPLICANT INFORMATION		Antonia managana and antonia m					
Legal Name: OJAI PERFORMING	- ARTS THEATE	e foundatien	Organizational Unit:				
Address (give city, county, State,	4	CUEIVED	Name and telephone number of person to be contacted on matters involving				
854 THOMAS STR		DEC 1 0000	this application (give a	mper (805) 649.1937			
DAKVIEW LA 93	3022	DEC - 1 2003	TOAN KEN				
6. EMPLOYER IDENTIFICATION		7 TYPE OF APPLICE CLEARING HOUSE A. State		ANT: (enter appropriate letter in box) N H. Independent School Dist.			
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning			
⊠ New	Continuation	Revision	C. Municipal D. Township	J, Private University K, Indian Tribe			
If Revision, enter appropriate lett	er(s) in box(es)	ו רו	E. Interstate	L. Individual			
			F. Intermunicipal	M. Profit Organization			
	rease Award C. Increas	e Duration	G. Special District	N. Other (Specify) NON-PROFIT ORG.			
D. Decrease Duration Other(:	specify):		9. NAME OF FEDERA	AL AGENCY:			
			O. Idramat Of I married				
		elines with classer top riselle and the					
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:			
		10-766	OTA PERFO	RMING ARTS THEATER			
TITLE:			1	my at Nordnore High School			
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, St	eles, elc.):	1 HOD TOTOG	my an ione proper interpretation			
i	IALLOY, VENTUR						
13. PROPOSED PROJECT	14. CONGRESSIONAL D	STRICTS OF:		and the second s			
Start Date Ending Date 2003 2006	a. Applicant 24 th	District	b. Project	un Dismict			
15. ESTIMATED FUNDING:	<u> </u>	Propriety reporter annual leaguests agreed to the construction of the propriety of the annual leaguests of the construction o	16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE			
			ORDER 12372 PF	ROCESS?			
a. Federal	\$ 10 mills	.00					
b. Applicant	10 milla	·		APPLICATION/APPLICATION WAS MADE E TO THE STATE EXECUTIVE ORDER 12372			
c, State			PROCESS FOR REVIEW ON:				
			DATE				
d. Local	\$	•	b. No. PROGRA	AM IS NOT COVERED BY E. O. 12372			
e. Other \$ 5 million		.00	OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE JIEW			
f. Program Income \$.05	AT 10 THE ABOUND	NT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL \$ 15 mini		. 0 [°]	-	attach an explanation.			
	WLEDGE AND BELIEF, AL	L DATA IN THIS APPLIC		TION ARE TRUE AND CORRECT, THE			
ATTACHED ASSURANCES IF			IE APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE			
a. Type Name of Authorized Rep		b. Title		c. Telephone Number			
JOAN KEMP		CEO		(805) 649.1937			
d. Signature of Authorized Repre				(805) 649.1937 e. Date Signed November 27, 2003			
L Koau	Leupe			1 November 27, 2003			

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102